

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <u>0 3 - 0 0 7</u>	2. STATE: Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 3-10-03	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1920 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>03</u> \$ _____ b. FFY <u>04</u> \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2A, Page 23 <i>Missouri (03-07)</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2A, Page 23 <i>Approved: 06/17/03</i> <i>Effective: 03/10/03</i>

10. SUBJECT OF AMENDMENT:  
Eligibility under Section 1920 of the Social Security Act, Presumptive Eligibility for Children

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cc*      ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Christine Rackers</i>	16. RETURN TO: Denise Cross, Director Division of Family Services P.O. Box 88 Jefferson City, MO 65103
13. TYPED NAME: <i>for</i> Steve Roling	
14. TITLE: Director	
15. DATE SUBMITTED: 03/27/03	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 03/31/03	18. DATE APPROVED: 06/17/03
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/10/03	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Thomas W. Lenz</i>
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid & Children's Health
23. REMARKS: cc: Roling Vadner Waite CO DSG/DIATA	SPA CONTROL Date Submitted: 03/27/03 Date Received: 03/31/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Group Covered
-------------	---------------

B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902 (a) (47)  
and 1920 of  
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in Section 1920 (b) (2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

1920A of the Act

- X 18. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. MS-03-07

Approval Date: JUN 17 2003

Effective Date: 03-10-03

Supersedes

TN No. MS-93-39